# Form 3: self-nomination form for parent member category

I wish to declare my candidacy for an elected position as a parent member on the Mount Beauty Secondary College school council.

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| --- |
| Name |
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| --- |
| Residential Address: |
|  |

|  |
| --- |
| Contact phone (mobile or landline): |
|  |

|  |
| --- |
| Email: |
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| --- |
| I am the parent/guardian of |
|  |
| who is/are currently enrolled at this school. |

|  |  |  |
| --- | --- | --- |
| Statement | Yes  (Mark with an x) | No  (Mark with an x) |
| I am an employee of the Department of Education |  |  |
| I am an employee of the school council |  |  |
| I am engaged in work at and for the school. |  |  |

I am prepared to serve as a parent member of the above-named school council. I hereby declare that:

* I am not and have not been insolvent under administration within the last three years
* I am of sound mind
* I have not been found guilty of an offence that is, or would if committed in Victoria be, an indictable offence
* I am not a registrable offender within the meaning of the Sex Offenders Registration Act 2004.
* I am not suffering from any medical condition that would affect my ability to perform the role of member of a school council.

|  |
| --- |
| Signature of Candidate |
|  |

|  |  |
| --- | --- |
| Date: |  |

**You will be notified when your nomination has been received.**

The personal information provided in this form is collected as part of the school council election nomination process. The information may be used to determine your eligibility as a candidate. Your personal information may be disclosed as a result of inspection prior to the commencement of voting or at any time up to one year from the declaration of the poll.

Your name will be included in a list of school council candidates and nominators (where applicable) posted in a prominent position at the school and for candidates, on a ballot paper (where applicable). Further, the name, membership category, gender (optional), term of office, office held (if any) of school council members and notification whether the member is an employee of the department will be forwarded to the Department of Education by the principal by 30 April each year as a record of council membership and may be used for statistical purposes.

|  |
| --- |
| You can access your personal information by contacting the principal (Simone Roy) on: |
| 03 5754 4005 (business hours) |

If you choose not to give some or all of the information requested your nomination may not be accepted.

If you have any queries about the school council nomination process, please contact the principal.

# Form 5: self-nomination form for school employee member category

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| I wish to declare my candidacy for an elected position as a school employee member on the  (school name below) |
| Mount Beauty Secondary College |
| school council |

Candidate’s details

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| --- |
| Name |
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| --- |
| Residential Address: |
|  |

|  |
| --- |
| Contact phone (mobile or landline): |
|  |

|  |
| --- |
| Email: |
|  |

|  |  |  |
| --- | --- | --- |
| Statement | Yes  (Mark with an x) | No  (Mark with an x) |
| I am an employee of the Department of Education |  |  |
| I am an employee of the school council |  |  |
| I am engaged in work at and for the school. |  |  |

I accept the nomination and I am prepared to serve as a school employee member of the above-named school council. I hereby declare that:

* I am not and have not been insolvent under administration within the last three years
* I am of sound mind
* I have not been found guilty of an offence that is, or would if committed in Victoria be, an indictable offence
* I am not a registrable offender within the meaning of the Sex Offenders Registration Act 2004.
* I am not suffering from any medical condition that would affect my ability to perform the role of member of a school council.

|  |
| --- |
| Signature of Candidate |
|  |

|  |  |
| --- | --- |
| Date: |  |

**You will be notified when your nomination has been received.**

The personal information provided in this form is collected as part of the school council election nomination process. The information may be used to determine your eligibility as a candidate. Your personal information may be disclosed as a result of inspection prior to the commencement of voting or at any time up to one year from the declaration of the poll.

Your name will be included in a list of school council candidates and nominators (where applicable) posted in a prominent position at the school and for candidates, on a ballot paper (where applicable). Further, the name, membership category, gender (optional), term of office, office held (if any) of school council members and notification whether the member is an employee of the department will be forwarded to the Department of Education by the principal by 30 April each year as a record of council membership and may be used for statistical purposes.

|  |
| --- |
| You can access your personal information by contacting the principal (Simone Roy) on: |
| 03 5754 4005 (business hours) |

If you choose not to give some or all of the information requested your nomination may not be accepted.

If you have any queries about the school council nomination process, please contact the principal.

# Form 7: self-nomination form for student member category

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| I wish to declare my candidacy for an elected position as a student member on the  (school name below) |
| Mount Beauty Secondary College |
| school council |

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| --- |
| Name |
|  |

|  |
| --- |
| Residential Address: |
|  |

|  |
| --- |
| Contact phone (mobile or landline): |
|  |

|  |
| --- |
| Email: |
|  |

|  |  |  |
| --- | --- | --- |
| Statement | Yes  (Mark with an x) | No  (Mark with an x) |
| I am enrolled in Year 7 or above at this school |  |  |
| I have discussed standing for election to school council with my parents or guardians |  |  |
| I have a sound understanding of the obligations and level of commitment required to participate on school council |  |  |

**Candidate to complete**

I am prepared to serve as a student member of the above-named school council. I hereby declare that:

* I am not and have not been insolvent under administration within the last three years
* I am of sound mind
* I have not been found guilty of an offence that is, or would if committed in Victoria be, an indictable offence
* I am not a registrable offender within the meaning of the Sex Offenders Registration Act 2004.
* I am not suffering from any medical condition that would affect my ability to perform the role of member of a school council.

|  |
| --- |
| Signature of Candidate |
|  |

|  |  |
| --- | --- |
| Date: |  |

**You will be notified when your nomination has been received.**

The personal information provided in this form is collected as part of the school council election nomination process. The information may be used to determine your eligibility as a candidate. Your personal information may be disclosed as a result of inspection prior to the commencement of voting or at any time up to one year from the declaration of the poll.

Your name will be included in a list of school council candidates and nominators (where applicable) posted in a prominent position at the school and for candidates, on a ballot paper.

Further, the name, membership category, gender (optional), term of office, office held (if any) of school council members and notification whether the member is an employee of the department will be forwarded to the department by the principal by 30 April each year as a record of council membership and may be used for statistical purposes.

|  |
| --- |
| You can access your personal information by contacting the principal (Simone Roy) on: |
| 03 5754 4005 (business hours) |

If you choose not to give some or all of the information requested your nomination may not be accepted.

If you have any queries about the school council nomination process, please contact the principal.